

NWS CHANGE FORM PART A			1. DATE SUBMITTED 16 November 1999	
This form is in three parts. Submitters must complete unshaded blocks in Part A and as much of Part B as possible. WSH will complete Part C (implementation details). If there is no specific required change date, enter 60 days from date submitted. Address questions to NWS Change Management at (301) 713-1373. Submit change requests to the NWSRC mailbox (External: NWSRC@noaa.gov).				
2. ORIGINATOR OFFICE NWS	3. SUBMITTING AUTHORITY Name: Paul Nipko Routing Code: W/APO	4. COGNIZANT TECHNICAL INDIVIDUAL Name: Tim Hopkins Routing Code: W/APO1 Phone: 301-713-1570, x-129		5. ORIGINATOR TRACKING NUMBER HWRNWWWS-Nov16
6. SYSTEMS AFFECTED BY CHANGE <input type="checkbox"/> DATA PRODUCTS (Complete Data Products Supplement) <input type="checkbox"/> ASOS <input checked="" type="checkbox"/> AWIPS <input type="checkbox"/> CRS <input checked="" type="checkbox"/> NEXRAD <input type="checkbox"/> OTHER (specify) _____				7. WSH TRACKING NUMBER NWS 514
8. TITLE OF CHANGE AWIPS Cron file on DS1 (Change HWR NWWWS Execution time)				
9. TYPE OF CHANGE <input type="checkbox"/> HARDWARE <input checked="" type="checkbox"/> SOFTWARE <input type="checkbox"/> DOCUMENTATION ONLY			10. SITES AFFECTED (Attach Part B, Page 2, if needed) See Attachment A1A	
11. STATEMENT OF REQUIREMENT, PROBLEM, OR DEFICIENCY OF EXISTING SYSTEM (Include problem report reference numbers.) To change the execution time of the HWRNWWWS program at each site and provide the control flow on AWIPS interface to NWWWS.				
12. KNOWN OR PROPOSED SOLUTION (Include source and description of new features or data products.) Requirement in Block 11 above will be implemented through the modification of the AWIPS Cron file on DS1. The change will be implemented by the NCF (with the SST assistance) at all sites listed in attachment A1A.				
13. ALTERNATE SOLUTIONS None				
14. REQUIRED CHANGE DATE 16 Nov 1999	15. RATIONALE FOR REQUIRED CHANGE DATE (Include proposed priority, if known.) The proposed change date is the earliest possible date for the change to be implemented at the sites			
CCB/PMC/CMB DECISION				
16. DECISION AUTHORITY LEVEL	<input type="checkbox"/> CCB LEVEL ONLY		<input type="checkbox"/> PMC or NWS CMB DECISION REQUIRED	
17. CCB LEVEL DECISION	<input type="checkbox"/> APPROVED <input type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> DISAPPROVED		SIGNATURE	
			DATE SIGNED	
FOR USE ONLY WHEN PMC or NWS CMB DECISION REQUIRED				
18. PMC OR NWS CMB DECISION	<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED		SIGNATURE	
			DATE SIGNED	

NWS CHANGE FORM PART A - DATA PRODUCTS SUPPLEMENT
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2. WSH TRACKING NUMBER

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This information is required for Data Products submissions. (Submitters should complete all applicable blocks, if known. WSH will assist.) Attach extra pages if necessary.

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NWS CHANGE FORM PART B		1. ORIGINATOR TRACKING NUMBER HWRNWWWS-Nov16	
All RC/ECP submissions must also address the following information. Indicate if any areas are unknown or do not apply. State why information is unknown and when it will be available. Attach extra pages if necessary, referencing each applicable subject.		2. WSH TRACKING NUMBER	
FUNDING INFORMATION			
Estimate costs and indicate known sources of funding. (Include travel time, installation time, administrative time, and software development time when applicable.)		3. SOURCE OF FUNDING	4. TOTAL COST \$0
5. DEVELOPMENT COSTS (Estimate development costs)		KMOD _____ BASE	AMOUNT \$0
6. OPERATIONAL TEST AND EVALUATION COSTS (Estimate test and evaluation costs) N/A		BASE	AMOUNT \$0
7. PRODUCTION COSTS (Include acquisition, kit proofing, spares, delivery, and documentation costs)		KMOD _____ BASE	AMOUNT \$0
8. COMMUNICATIONS SERVICE/CIRCUITS COSTS (Include installation and recurring costs) N/A			AMOUNT \$0
9. IMPLEMENTATION SUPPORT COSTS (Include travel, installation, and administrative costs) This change will be implemented by the NCF at the estimate time of 5 minutes per site.		KMOD _____ BASE	AMOUNT
9A. LIFE CYCLE SUPPORT COSTS (Less communications service/circuits) Contractor (PRC) - NCF Operations		KMOD _____	AMOUNT Unknown
SUPPORTING INFORMATION AND SCHEDULES Provide detailed information needed to implement the requested change.			
10. DEVELOPMENT STATUS/SCHEDULE (Major milestones such as Start, Beta Test, and OT&E) N/A		11. PRODUCTION STATUS/SCHEDULE (Major milestones such as Solicitation, Contract Start Date, Delivery Date, Kit Proofing, etc.) N/a	
12. IMPLEMENTATION/RETROFIT SCHEDULE Start implementing the change on 16 Nov 99 at the sites specified in attachment A1A.		13. FACILITY INFORMATION (Attach facility drawings/plans.) N/A	
14. COMMUNICATIONS INSTALLED (Type required, who will order, and associated hardware required; attach Part B, Page 2, if needed.) N/A		15. COMMUNICATIONS SERVICE/CIRCUITS TO BE REMOVED N/A	
16. REQUIRED CLEARANCES, WAIVERS, AND LICENSES (Include person or organization responsible for obtaining each) N/A		17. COORDINATION OF CHANGE WITH OTHER CHANGES N/A	
18. PHYSICAL ITEMS AND DOCUMENTS AFFECTED (Include part, serial, and document numbers. Attach Part B, Page 2, if needed.) N/A		19. STAFF RESOURCE IMPACTS (Skills and workload impact on maintainers, operators, and managers.) No recurring workload impacts.	
20. LOGISTICS IMPACTS (Include facilities, maintenance, training, and support equipment impacts.) N/A		21. OPERATIONAL IMPACTS (Include continuity and back up needs and plans.) N/A	
22. ADDITIONAL MAJOR CHANGE ACTIVITIES (Include who will accomplish each of them and staff hours required.) The NCF will implement the change at all sites listed in attachment A1A, with the assistance of the SST. The change will be implemented by 16 Nov 99.			

NWS CHANGE FORM

HWRNWS-Nov16

2. WSH TRACKING NUMBER

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NWS CHANGE FORM PART C		1. ORIGINATOR TRACKING NUMBER HWRNWWWS-Nov16	
WSH is responsible for Part C, but submitters may complete sections that would help clarify the change requirement or the necessary implementation actions.		2. WSH TRACKING NUMBER	
3. CCB COST EVALUATION <div style="display: flex; justify-content: space-between; margin-top: 10px;"> NWS COST \$0 FAA COST \$ _____ DOD COST \$ _____ OTHER AGENCY COST \$ _____ TOTAL COST \$0 </div> <div style="text-align: center; margin-top: 5px;"> (SPECIFY) _____ </div>			
4. IMPLEMENTATION DOCUMENTS REQUIRED <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <input type="checkbox"/> Engineering Modification Note <input type="checkbox"/> Software Release Notes Other <input type="checkbox"/> Document (Specify) _____ </div>			
ADDITIONAL IMPLEMENTATION INSTRUCTIONS (e.g., Implementation schedule, parts shipping instructions, equipment disposal procedures, additional documentation required, and status reporting instructions.) Include documentation, data input, notification vehicle, or specific action step required to verify completion of the implementation activity.			
5. IMPLEMENTATION ACTIVITY REQUIRED	6. REQUIRED COMPLETION DATE	7. RESPONSIBLE PERSON AND OFFICE	8. DOCUMENT OR ACTION REQUIRED TO VERIFY COMPLETION
A. Coordinate implementation schedule with sites through SST	15 Nov 99	Thigpen/SST, W/APO3	Completed
B. NCF to modify the AWIPS cron file on DS1 for all specified sites as directed by SST	16Nov 99,	Thigpen/SST, W/APO3	See item C
C. Report implementation completion using NCF/SST data at AWIPS CCB meetings	29Nov 99	Davidson, W/OSO112	N/A